

**APPLICATION FOR LIFE MEMBERSHIP
OMEGA PSI PHI FRATERNITY, INC.**

Lockbox Invoice # -----

FORM 65
REVISED (11/08)

Name _____

Control #

Home Address _____

Street Number

City

State

Zip

Business Address _____

Street Number

City

State

Zip

Telephone: Home() _____ Mobile() _____ Email

Date of Birth: _____

Date of Initiation: _____ Chapter of Initiation _____

Current Chapter _____ Current District _____

Application for Life Membership Plan (Check One) One Payment of \$2,500.00 _____

Two Equal Installments of \$1,250.00 each within two (2) years _____

UNDERGRADUATE COLLEGE ATTENDED (LIST IN CHRONOLOGICAL ORDER)

Institution	Date of Attendance	Degree & Date Conferred or Expected (Month, Day, Year)
_____	_____	_____
_____	_____	_____

GRADUATE/PROFESSIONAL SCHOOLS ATTENDED (LIST IN CHRONOLOGICAL ORDER)

Institution	Date of Attendance	Degree & Date Conferred or Expected (Month, Day, Year)
_____	_____	_____
_____	_____	_____

Name (AS YOU WISH IT TO APPEAR ON PLAQUE) _____

I agree to be governed by the Laws of the Life Membership Plan adopted by the 43rd Grand Conclave, December 27th-30th, 1956 and amended thereafter. I further stipulate that I have read the rules governing payment, which accompany this application.

Allow 6 to 10 weeks from receipt at International Headquarters for delivery.

Signature: _____ Date: _____